License Type: 34 One Day Beer & Wine License Nontransferable

LICENSE NO. 9544027 Receipt No.

Fee Paid

2525183 \$50.00

Geographical Code 1933

APPLICATION:

Pursuant to the authority granted by the organization named below, the undersigned hereby applies for the above

ORGANIZATION:

HOLLYWOOD FOREVER INC-ENDOWMENT CARE & MEMORIAL CARE

LOCATION ADDRESS:

5970 SANTA MONICA BLVD LOS ANGELES, CA 90038

TYPE OF EVENT:

CONCERT

HR/DATES DURING WHICH ALCOHOL WILL BE SOLD:

September 20, 2018 8PM-11:30 PM

RECEIVE

DEC 21'2018

Alcoholic Beverage C Office of Legal Serv

ESTIMATED ATTENDANCE:

295

AUTHORIZED REPRESENTATIVE / ADDRESS

JAY BOILEAU

5970 SANTA MONICA BLVD LOS ANGELES, CA 90038

LICENSE:

The above-named organization is hereby licensed, pursuant to Section 24045.1 of the Business and Professions Code and Rule 59.5 of the California Code of Regulations, to engage in the temporary sale of alcoholic beverages for consumption at the above-named location for the period authorized below. This license does not include off-sale ("to-go") privileges. This license may be revoked summarily by the Department if, in the opinion of the Department and/or the local law enforcement agency, it is necessary to protect the safety, welfare, health, peace, and morals of the people of the State.

Good for 1 day(s). Date Issued September 17, 2018.

Director of Alcoholic Beverage Control

By

State of California

Instructions: Con	NSE APPL	ICATION/A	UTHORIZ	ZATION -	Non Trans	sferable		Edmund G. Brown Jr., Gover	
Instructions: Complete all items. Submit to local ABC District Office with required fee (Cashier's Check or Money Order) payable to ABC. Once license is issued, fee cannot be refunded. For a listing of ABC District Offices please visit http://www.abc.ca.gov/distmap.html Pursuant to the authority granted by the organization named below, the undersigned hereby applies for the license(s) described below.							LICENSE NUMBE	R GEO CODE	
							RECEIPT NUMBER	R	
							FEE		
1. ORGANIZATION'S NA	ME				5		\$		
Hollywood Forever Inc Endowment Care & Memorial Care					CONDITIONS REC	Fr	DIAGRAM REQUIRED		
2. LICENSE TYP	E (Check appreral (\$25.00)	ropriate license t	type AND or	ganization ty	rpe)	No .	Yes	No	
Political F	Party/Affiliate S	Supporting Cand	<i>eer, wine an</i> lidate for	d distilled sp		Organization			
Tubile Office of Ballot Measure							In Existence Ove	r Five Years	
Religious Organization Formed for Specific Charitable or Civic Purpose Religious Organization									
Other:					. 1				
					vessel p	er Section 240	45.10 B&P (\$50.	00)	
P. 1							NUMBER OF DISP	ENSING POINTS	
	ily Beer (\$25.0	00)	Speci	al Daily Bee	er & Wine (\$50	00)			
Charitable	=-7		Poli	tical	Other:		Special [Daily Wine (\$25.00)	
Cultura			Amateur Sports (Organization		NUMBER OF DISPENSING POINTS		
	nporary Licen		(Diff	ferent priviled	ges depending	on statutal	- L	Total Commence of the Commence	
Television	Station per S	ection 24045.2	or 24045 9 B	&P					
Nonprofit	Corporation pe	er Sections 2404	15.4 and 240	MEEDOD	Person coi	nducting Estate	Wine Sale per Sec	tion 24045.8 B&P	
				45.0 DAP	Vvomen's	Educational a 4045.3 B&P	nd Charitable Or	ganization per	
Other Spec	ial Temporary	Licenses, per	Section		Section 2	4045.3 B&P			
License num	iber			Amount \$	P			*	
3. EVENT TYPE				/ arrount q	,				
Dinner	Dance	Wedding	Lunch	Picnic	Barbeque	Socia	l Gathering	à	
Sports Event	Concert	Birthday	Mixer	Carniva			96	Festival	
4. TOTAL # OF DAYS	5. ESTIMATED AT	TENDANCE	6. HOURS OF A		RAGE SALES, SERV	TICE OTHER			
1	295		From	8:00pm	or allo, oliv	To	11:30pm 4	6 19 x	
7. EVENT DATE(S) Thursday 09.20.2	010				8. EVENT IS OPEN		11.00.0111	0	
9. EVENT LOCATION (Give	facility name, if any				Yes	No	CORC	20 1	
The Masonic L	-oage - 597	/∪ Santa Mo	nica Blvc	l, Los Ang	geles, CA 9	0038	LA NACI	Cere 18	
Yes	No	THE COLLINICA	I WHAINEIA I		12. SECURITY GUA	RDS		7 % C	
13. AUTHORIZED REPRES		Music: MAF	KGARET (GLASPY	Yes	No	If yes, how	/ many?%	
Jay Boileau						100000000000000000000000000000000000000	14. REPRESENTATIV	E'S TELEPHONE NUMBER	
15. REPRESENTATIVE'S A									
6000 Santa Monica	Blvd, Los Ange	eles, CA 90038					,		
16. ORGANIZATION'S MAIL	ING ADDRESS (If diff	ferent from #15 above)						The second secon	
17. AUTHORIZED REPRESE	ENTATIVE'S SIGNAT	1105	Comment of the Comment	Manager 1997					
		19/1/10					18. DATE SIGNED	to the section of the section of	
PROPERTY OWNER APPRO)VAL BY (Name), RE	QUIRED	PHONE NUMBER	R	PROPERTY	OWNER C	08.24.2018		
Yogu Kanthiah	_				ROPERTY	OWNER SIGNATUR	RE	DATE SIGNED	
LAW ENFORCEMENT APPROVAL BY (Name), IF APPLICABLE PHONE NUMBER					LAW ENFORCEMENT SIGNATURE			08.24.2018	
DISTRICT OFFICE APPROVAL BY (Name)					1	JA J			
MOT OT THE APPROV	AL BY (Name)				ABC EMPL	OYEE SIGNATURE		E/27/18	
The all								SOUNDE DATE	
The above-named org	anization is here	by licensed pursu	ant to the Ca	lifornia Busin	15 (

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